

Coronavirus 2019 (COVID-19): Guidance for Schools **(Preschool-K-12 and Adult Education)**

Schools in the District of Columbia may start to open in-person activities in Phase Two. To open, and keep open, schools as safely as possible for in-person learning, it is important to plan for and implement actions to slow the spread of COVID-19. For schools pursuing in-person activities, the following measures should be adopted to help reduce the risk of COVID-19 transmission among students and staff. For additional information, including current District COVID-19 related public health data, please visit coronavirus.dc.gov.

Support Safety of Employees and Students

Daily Health Screening

- Schools must perform a daily health screen for all students and staff entering the building. This includes any contractual staff (e.g. security, custodial).
 - Screening can be performed before (via phone or app) or upon arrival and can be based on self-report or report from caregivers.
 - For Screening Tool Guidance, visit coronavirus.dc.gov/phasetwo.
- An individual with any of the following symptoms must not enter the school, and instead they must isolate or leave the facility immediately and be instructed to call their healthcare provider:
 - Fever (subjective or 100.4 degrees Fahrenheit) or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea. These symptoms should be updated according to CDC and DC Health guidance.
- Individuals who are under quarantine (for example due to exposure to COVID-19 case or high-risk travel) or have a test result pending must not enter the school.
- Active fever checks at school as a screening tool are not recommended.
- **Screening tools must be reviewed routinely after submission.** Records of screening are strongly recommended to be stored for 30 days. Any individual reporting symptoms, possible exposure, or is awaiting test results must not be allowed entry.
- If a student or staff member develops any of the symptoms above during the course of the school day, the school must have a process in place that allows them to isolate until it is safe to go home and seek healthcare provider guidance.

Encourage Healthy Practices

- Ensure adequate supplies (e.g., soap, paper towels, hand sanitizer, tissue) to support healthy hygiene practices.
- Ensure handwashing strategies include washing with soap and water for at least 20 seconds. If soap and water are not available and hands are not visibly dirty, use an alcohol-based hand sanitizer that contains at least 60% alcohol.
- Perform frequent hand hygiene (with soap and water or alcohol-based hand sanitizer).
 - Key times to perform hand hygiene include
 - Before and after eating food,
 - Before and after group activities,
 - After using the toilet,
 - Before and after putting on, touching, or removing cloth face coverings or touching your face,
 - After blowing your nose, coughing, or sneezing.

High-Risk Individuals

Students and staff at increased risk for experiencing severe illness due to COVID-19 are recommended to consult with their medical provider **before** attending in-person activities.

- People with the following conditions **are at increased risk** of severe illness from COVID-19:
 - Cancer
 - Chronic kidney disease
 - COPD (chronic obstructive pulmonary disease)
 - Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
 - Immunocompromised state (weakened immune system) from solid organ transplant
 - Obesity (body mass index [BMI] of 30 kg/m² or higher but < 40 kg/m²)
 - Severe Obesity (BMI ≥ 40 kg/m²)
 - Sickle cell disease
 - Smoking
 - Type 2 diabetes mellitus
- For a complete list of conditions that can increase the risk for severe illness from COVID-19, please see [cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html).
- Any staff member or student who has a medical condition not listed, but who is concerned about their safety, are recommended to consult with their medical provider before attending in-person activities.

Preventing a Vaccine-Preventable Disease Outbreak

According to the Centers for Disease Control and Prevention (CDC) and DC Health data, the COVID-19 pandemic has resulted in a significant reduction in childhood vaccine administrations across the country including the District of Columbia and Maryland.

In order to prevent a vaccine-preventable disease outbreak in a school setting, it is imperative for all students who attend in-person activities be **fully vaccinated** according to CDC and DC Health standards.

- Ensure a policy is in place for reviewing of immunization status of children, provision of reminders to parents, timelines for compliance, and exclusion of children who do not meet requirements.
- A review of immunizations can be found [here](#).
- Review CDC resources regarding [Vaccine-Preventable Diseases](#).

Additionally, all students and staff should receive their seasonal Influenza vaccine to help prevent an influenza outbreak during the current COVID-19 pandemic. For more information, visit [flu.gov](https://www.flu.gov).

Implement Controls to Limit Contact

Non-Medical Face Coverings (Face Masks)

- All students and staff must wear non-medical face coverings or face masks at all times while in the school and participating in school-related activities.
- Masks protect the wearer and protect other people.

For more information about non-medical face coverings or face masks, please refer to the guidance "Guidance about Masks and Other Face Coverings for the General Public" on [coronavirus.dc.gov](https://www.coronavirus.dc.gov).

Social Distancing

Schools must ensure appropriate physical distancing by doing the following:

- Limiting cohort sizes: No more than 12 total individuals in one group (including staff and students)
 - One additional staff can be briefly added to the class if necessary to support an individual student.
 - Schools may choose to implement smaller cohort sizes but may not exceed the maximum cohort sizes listed above.
- Placing no more than one group per room (or partitioned area as below),
- Ensuring six feet of distance between each individual (including between staff and students),
 - This may require reducing the maximum number of students allowed students in a classroom depending on the available space.
- Grouping the same students together each day and throughout the day for all activities, including lunch and recess,
- Limiting use of floating teachers to only when necessary, to support a maximum of two classrooms, as the use of floating teachers has been associated with outbreaks due to increased risk of exposures if staff test positive for COVID-19,
- Limiting non-essential visitors,
- Preventing mixing between groups of students and staff to include entry and exit of the building, at meal time, in the restroom, on the playground, in the hallway, and other shared spaces,
- Canceling activities and events such as field trips, student assemblies, athletic games/events, special performances, school-wide meetings, and
- Canceling or modifying classes where students are likely to be in very close contact or there may be increased potential for spread of the virus among students.
 - Of note, activities in which voices are projected, such as choir or theater, or where wind instruments are used, present greater risk of spread of respiratory droplets, and should be cancelled even if group size and physical distance can be maintained.

Physical Activity:

- These updates include modifications from Mayor's Order 2020-123
- All physical education classes where students might come within six feet of one another are prohibited.
- High school extra-curricular youth sports activities and competitions are suspended for the District of Columbia Public Schools (DCPS), public charter schools, private schools, and parochial schools.
- Students in middle school and younger may continue to participate in organized drills and clinics for high contact sports provided that athletes are cohorted into groups of no more than twelve (**including staff**), the cohorts do not mix, participants within the cohorts maintain social distance from each other and the coaches or trainers, and the activities do not involve any actual physical contact with each other.
- For the definitions of low, moderate and high contact sports in DC see *Guidance for Playing Sports* at coronavirus.dc.gov/healthguidance.

Partitions:

Placing only one group per room is the safest recommendation. If a larger number of children may need to be served in one room, the below are public health recommendations for the use of partitions in the childcare setting in order to accommodate a larger group size:

- Schools may use partitions to separate groups,
- Partitions must be at least 6 feet tall and of solid material with no holes or gaps,
- Individuals must be at least 6 feet away from the partition on each side,

- The horizontal length of the partition must cover the plane of the space where the individuals are, and
- Partitions must align with regulatory safety protocols to ensure it is not a fall hazard, allows for proper ventilation, meets fire safety regulations, and any other safety regulation

Schools should:

- Integrate pauses in the schedule (e.g., alternating day or week schedules) to interrupt possible chains of transmission,
- Turn desks to face in the same direction (rather than facing each other) to reduce transmission caused from virus-containing droplets (e.g., from talking, coughing, sneezing),
- Allow students to eat lunch and breakfast in their classrooms rather than mixing in the cafeteria. If not possible, then stagger lunch by class and/or segregate outdoor eating area by class,
- Stagger arrival and/or dismissal times,
- Add physical barriers and add reminders about physical distance to reduce congestion in the health office,
- Consider outdoor classes (same social distancing requirements apply),
- Institute auditing program at least every two weeks to ensure practices as described in this guidance document are being followed,
 - For an example please see the “DC Health School COVID-19 Health and Safety Compliance Tool” on coronavirus.dc.gov/phasetwo.
- Educate staff, students, and their families on COVID-19 and social distancing.

Establish a Plan for COVID-19 Exposure

When should staff or students get tested?

- DC Health does not recommend universal testing of all students and staff as a prerequisite to school attendance. A negative test at the beginning of the school year does not mean that a student or staff member will not become infected at a later time.
- DC Health does not recommend repeated (e.g., surveillance) testing of students or staff who do not have symptoms or known exposures.
- The Office of the Deputy Mayor for Education will be providing additional information on available supports for schools that choose to develop a testing programs in consultation with their health services provider. In all instances, testing programs must comply with DC Health reporting requirements for COVID-19 (dchealth.dc.gov/page/covid-19-reporting-requirements).
- Students and staff that develop symptoms of COVID-19 should quarantine at home and consult with their healthcare providers or seek testing.
- Students should get tested if anyone in their household is symptomatic, even if the student themselves does not have symptoms.
 - DC Health recommends all household members get tested at the same time.
 - If testing is not done on the student, they must not attend school while the symptomatic household member’s test result is pending.
 - If the result is negative, the student can return to school.
 - If result is positive, the student should quarantine at home and expect outreach from the DC Health Contract Tracing team.

For persons diagnosed with or exposed to COVID-19

- Staff or students diagnosed with COVID-19 must not enter the school until they have completed their isolation period.

- If any student or staff member has been identified as a close contact of a person who is positive for COVID-19, then the student or staff member must not enter the school until they have completed their quarantine period without becoming symptomatic or diagnosed with COVID-19.
 - A close contact is someone who was within 6 feet of an infected person for at least 15 minutes over a 24-hour period during their infectious period.
 - The infectious period starts two days before symptom onset (or date of test if asymptomatic), and typically ends 10 days after symptom onset (or test date).

Communication and Response

- Identify a point of contact at the school that staff and students (or caregivers) can notify if they test positive for COVID-19.
- If a school identifies a student or staff member with COVID-19 **who is in the building**, schools should be prepared to dismiss that student and the potentially exposed cohort until DC Health is able to complete the case investigation.
 - The exposed cohort should remain in their classroom and follow routine procedures while they are waiting for their caregivers to pick them up.
 - If the school is notified of a case who is not in the building, the affected cohort may remain until the end of the school day.
- Schools should have a notification process in place to share the following with staff and parents if a case occurs at the school:
 - Education about COVID-19, including the signs and symptoms of COVID-19
 - Referral to the Guidance for Contacts of a Person Confirmed to have COVID-19, available at coronavirus.dc.gov.
 - Information on options for COVID-19 testing in the District of Columbia, available at coronavirus.dc.gov/testing.
- Schools are responsible for implementing policies and having communications plans in place for all contractors, vendors, and community partners serving the school.
- Schools must identify POCs for contractors, vendors, and community partners in case of an exposure and should have that information available for DC Health when needed.

Reporting

- Refer to the guidance “*First Steps for Non-Healthcare Employers when Employees Test Positive for COVID-19*” at coronavirus.dc.gov/healthguidance.
- For schools providing **in-person learning**, schools must notify DC Health if:
 - A school is notified that a staff member (including contractors), volunteer, or visitor **tested positive for COVID-19** (not before results come back)

OR

 - a school is notified that a student **tested positive for COVID-19** (not before results come back)

AND

 - the person was in the building or participated in school activities **during their infectious period**.
- For schools **NOT** providing in-person learning, schools must notify DC Health if:
 - A school is notified that 2 or more staff members (including contractors), volunteer, or visitor **tested positive for COVID-19** (not before results come back).

AND

 - the staff were in the building or participated in school activities **during their infectious periods**.
- Notify DC Health by submitting an online form on the DC Health COVID-19 Reporting

Requirements website: dchealth.dc.gov/page/covid-19-reporting-requirements.

- Submit a Non-Healthcare Facility COVID-19 Consult Form.
- DC Health must be notified on the same day the case was reported to the school, preferably as soon as possible after the school was notified.
- An investigator from DC Health will follow-up within 24 hours to all appropriately submitted notifications. Please note this time may increase if cases of COVID-19 increase in the District.

Workforce Considerations

- Implement leave policies that are flexible and non-punitive and allow sick employees to stay home.
 - Leave policies are recommended to account for the following:
 - Employees who report COVID-19 symptoms,
 - Employees who were tested for COVID-19 and test results are pending,
 - Employees who tested positive for COVID-19,
 - Employees who are a close contact of someone who tested positive for COVID-19,
 - Employees who need to stay home with their children if there are school or childcare closures, or to care for sick family members.
- Keep abreast of current law, which has amended both the DC Family and Medical Leave Act and the DC Sick and Safe Leave Law and created whole new categories of leave, like Declared Emergency Leave.
- Learn about and inform your employees about COVID-related leave provided through new federal law, the Families First Coronavirus Response Act (FFCRA) and all applicable District law relating to sick leave.

Cleaning and Disinfecting

All schools must regularly clean, disinfect and sanitize surfaces, and materials per [District guidance on cleaning and disinfecting](#).

- Routinely clean and disinfect surfaces and objects that are frequently touched. This may include cleaning objects/surfaces not ordinarily cleaned daily (e.g., doorknobs, light switches, classroom sink handles, countertops). Clean with the cleaners typically used. Use all cleaning products according to the directions on the label.
- For all cleaning, sanitizing, and disinfecting products, follow the manufacturer's instructions for concentration, application method, contact time, and drying time prior to use by a child. See [CDC's guidance for safe and correct application of disinfectants](#).
- Please see the "Cleaning and Disinfection" guidance on coronavirus.dc.gov/phasetwo for more information, including if a child becomes ill at school.

Building Considerations

Schools that are reopening after a prolonged facility shutdown must ensure all ventilation and water systems and features (e.g. sink faucets, drinking fountains, decorative fountains) are safe to use.

- Consider making the following improvements to improve building ventilation (cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html):
 - Increase circulation of outdoor air as much as possible, for example by opening windows and doors.
 - Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to children using the facility.

- Ensure ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space.
- Improve central air filtration to the highest compatible with the filter rack, and seal edges of the filter to limit bypass.
- Increase ventilation rates.
- Check filters to ensure they are within service life and appropriately installed.
- Keep systems running longer hours, 24/7 if possible, to enhance air exchanges in the building space.
- Consult with a specialist to see what works for your building Consult with a specialist to see what works for your building if activities are indoors, increase circulation of outdoor air as much as possible by opening windows or exterior doors if possible.
- If a building was closed for an extended period of time, remember to check HVAC systems and ensure all water systems are safe to use.
- Flush water systems to clear out stagnant water and replace it with fresh water. This will remove any metals (e.g. lead) that may have leached into the water and minimize the risk of [Legionnaires' disease](#) and other diseases associated with water.
 - Further details on steps for this process can be found on the CDC website at cdc.gov/coronavirus/2019-ncov/php/building-water-system.html.

Special Considerations for Residential Schools

Schools with a residential component (i.e. boarding schools) must ensure all of the above safety measures are followed in the residential setting.

Additionally, the following safety measures must be followed:

- No more than two students per residential room with a strong preference of one student per residential room;
- Compliance with quarantine and testing per DC Health Travel guidance;
- Designation of private rooms with dedicated bathrooms for isolation of any students that may test positive for COVID-19;
- Designation of private rooms with dedicated bathrooms for quarantining of any close contacts of confirmed cases of COVID-19 (this area should be separate from the isolation area);
- Testing access for students showing symptoms of COVID-19 or with known exposure to individuals with COVID-19;
- Appropriate and easy access to medical services for COVID-19-related and non-COVID-19 related conditions; and
- Plan and capability to restrict or eliminate in person activities rapidly in the case of significant community transmission or identified outbreak of COVID-19, including indications and procedures for closure of residential halls and dormitories.

The guidelines above will continue to be updated as the outbreak evolves. Please visit coronavirus.dc.gov regularly for the most current information.